

Medical/Extenuating Circumstances Request for Faculty-Led Withdrawal Form

Academic Programs Abroad reviews each medical/extenuating circumstances withdrawal and determines the appropriateness of the request. Academic Programs Abroad either approves or denies the request based on the documentation provided by the student and any supporting officials (i.e. medical provider, military supervisor, etc).

An approved Medical/Extenuating Circumstances Withdrawal may not result in a full refund of the balance due to LSU for program fee costs.

A Medical/Extenuating Circumstance Withdrawal may include:

- Medical appeal
- Immediate family illness/death
- Active military duty
- Other unusual/extenuating circumstances

Please review your “Payment Policies Acknowledgement: Cancellation & Withdrawal Policy” for thorough description of Medical/Extenuating Circumstances.

This form must be accompanied by an original letter from your health care provider, documenting:

- Use clear, descriptive language to explain your circumstances.
- Be as specific as possible (why/how the event prevents you from participating, general nature of medical condition, specific event occurred, etc).
- Include a timeline of events leading to your request (date of event, dates of ongoing care, date determined by medical professional unable to participate in Academic Programs Abroad, etc).
- Provide verifiable facts that substantiate your claim.
- Explain what happened/what changed, and why.
- Provide official supporting documentation (e.g. on letterhead, if medical in a sealed envelope) that pertains to the situation.
- The appeal must be authored by you, not your parent or guardian.

I request medical/extenuating circumstances withdrawal from my study abroad program as indicated above and supported by the attached documentation.

- I hereby grant permission to contact any of the documentation/information providers.
- I confirm that the information provided is accurate and complete and I understand that falsification may result in disciplinary action up to and including suspension or expulsion from the university.
- I understand that an approved medical/extenuating circumstances withdrawal cannot be reversed.
- I understand that this medical/extenuating circumstances withdrawal request applies only to my study abroad program and not to any other course or program in which I am enrolled at LSU.
- I understand that in order to withdraw from academic coursework or other programs, I must submit a withdrawal request per the procedures outlined in the current LSU Catalog.

I acknowledge that I have reviewed the “Payment Policies Acknowledgement: Cancellation & Withdrawal Policy” and understand the withdrawal policies, inclusive of the medical/extenuating circumstances withdrawal terms and financial policies. I understand that my withdrawal is not official until this completed form has been submitted to Academic Programs Abroad.

I acknowledge that I understand the above statement:

Student Signature or Parent/Guardian (of minor student)

Date



To be completed by the Medical Withdrawal LSU APA Authorized Signatory		Date received:
Comments/Actions:		Approval (Check One): <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved
Signature of Authorized Signatory	Printed Name:	Date:
<p>All documentation submitted with this form is retained by Academic Programs Abroad and is not copied or forwarded to any other office or department without explicit consent from the student.</p> <ul style="list-style-type: none">• If request is disapproved: A scanned copy of the original request is retained in Terra Dotta.• If request is approved: A scanned copy of the request is retained in Terra Dotta and appropriate documentation is completed to adjust or refund charges as recommended by the Signatory.		